PTO/SB/01 (03-01)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR	Attorney Docket Numbe	er 10001-29675	
DESIGN	First Named Inventor	. Vincent Quintana	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number	09 /721,091	
Declaration XX Declaration	Filing Date	November 22, 2000	
Submitted OR Submitted after Initial with Initial Filing (surcharge	Group Art Unit	2613	
Filing (37 ČFR 1.16 (e)) required)	Examiner Name	(unknown)	

As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Apparatus and Method for Using a Wearable Computer in Collaborative						
(Title of the Invention)						
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY) 11/22/2000 as United States Application Number or PCT International						
Application Number 09/721,091 and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s) Foreign Filing Date (MM/DD/YYYY) Foreign Filing Date (MM/DD/YYYY) Not Claimed YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: XX					
Name			574 ADEMARK OFFIC	£ .	
Address					
City			State		ZIP
Country	,	Telephone			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FI	RST INVENTOR :	A petiti	on has be	en filed for this un	signed inventor
Given Name (first and middle [if any]) W. Vincert or Surname Quintana					
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XX Additional inventors are t	being named on the 2	_supplemental /	Additional Ir	nventor(s) sheet(s) PT	O/SB/02A attached hereto.

JUL 0 2 2001 G Please type a plus sign (+) inside this box — +

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page <u>1</u> of <u>2</u>

Name of Additional Joint Inventor, if any:					
Given Name (first and middle [if any	'])	Family Name	or Surname		
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
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		_						
Name of Addition	onal Joint Inventor, if an	y:			A petition has been filed	for this	s unsigned inventor	
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Inventor's Signature					,		Date	
Residence: City		Sta	ate	<u> </u>	Country		Citizenship_	
Mailing Address			-			•		
Mailing Address								
City		St	State		ZIP	Country		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])			Family Name or Surname					
				• •				
Inventor's Signature							Date	
Residence: City		State		Country			Citizenship	
Mailing Address								
Mailing Address								
City		Stat	te		ZIP	Co	untry	

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